



PATIENT

Toast Thompson

PRESENTING CLINICAL SIGNS

Two month history of intermittent inappetence, vomiting and weight loss. CBC / Chem / U/A unremarkable, T4 ranging from 4-5 (not on treatment for hyperthyroidism).

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

DSH

The urinary bladder is moderately distended with anechoic urine. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

SEX

Neutered Male

The left kidney has a normal shape and size (4.25 cm). Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

AGE

16.8 Pounds

The right kidney has a normal shape and size (3.65 cm). Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

WEIGHT

8 Pounds

Adrenal Glands

The left adrenal gland is normal in size measuring 0.26 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

INTERPRETED BY

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(Small Animal Internal
Medicine)

The right adrenal gland is normal in size measuring 0.28 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is subjectively normal in size, echotexture is homogenous and hypoechoic, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

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Dr. Tam Mengine

Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

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The gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are primarily anechoic. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

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The stomach contains minimal luminal contents. It measures at a normal thickness of <0.36cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

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The visualized areas of duodenum, jejunum and ileum have a uniform diameter with minimal fluid distension. Wall thickness is normal to slightly increased. Bowel loops follow a typical curvilinear path with distinct wall layering, but some areas display a prominent muscularis layer which does not display the typical 1:3 muscularis:mucosa layer ratio. Jejunum wall measured 0.18 cm. Duodenum wall measured 0.24 cm. Visualized peristalsis appears appropriate. The duodenum is mildly distended with fluid and pinpoint shadowing foci, which could be consistent with mineralized foreign material such as litter, small pebbles, etc. The bowel appears somewhat corrugated and inflamed.

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Feline

The ileocecal junction was visualized. The ileum appears prominent and thickened, measuring 0.37 cm with very prominent muscularis layer. The proximal colon appears thickened at 0.28 cm with complete loss of layering and surrounding inflammation.

BREED

DSH

Pancreas

SEX

Neutered Male

The pancreas is prominent and hypoechoic as compared to the surrounding isoechoic mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

AGE

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Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There are clusters of prominent lymph nodes in the mesentery and particularly around the ileocecal junction. The lymph nodes around the ileocecal junction measured 0.24 cm and 0.32 cm. A larger lymph node near the spleen measures 0.41 cm and 0.35 cm. These clusters of lymph nodes are surrounded by hyperechoic mesentery.

WEIGHT

8 Pounds

PRIMARY FINDINGS

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- Thickened, hypoechoic colon wall with complete loss of layering – could be consistent with inflammation and edema, but infiltrative disease such as round cell neoplasia is a large concern.
- Thickened ileum and duodenum with prominent muscularis layer – The small intestinal wall changes are most consistent with an inflammatory process (i.e., inflammatory bowel disease) with a low possibility of emerging lymphoma.
- Hypoechoic, prominent pancreas – The pancreatic changes are most consistent with mild pancreatitis or a recent episode of pancreatic inflammation.
- Hypoechoic spleen – The significance of this is unclear, but there is concern for possible infiltrative disease. Consider a fine needle aspirate.
- Prominent mesenteric lymph nodes – The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

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SECONDARY FINDINGS

- Decreased corticomedullary distinction in both kidneys – The bilateral renal findings are consistent with age-related change.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is the general impression of thickened, inflamed bowel, in particular at the ileocecal junction. The proximal colon has a complete loss of layering, and the ileum is thickened with a very prominent muscularis layer. Additionally, the duodenum is corrugated and irregular with shadowing intraluminal

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material. Consider a fine needle aspirate of the colon at the level of the ileocecal junction. Additionally, a fine needle aspirate of an enlarged mesenteric lymph node could be considered, particularly some of the nodes near the tail of the spleen. If a cytologic diagnosis cannot be obtained, recommend surgical biopsies.

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Feline

The pancreas is hypochoic and prominent. This could be consistent with current or previous inflammation, but given the primary bowel lesions observed, I doubt the pancreatic lesions are of primary significance. A quantitative PLI may be helpful to help determine this.

BREED

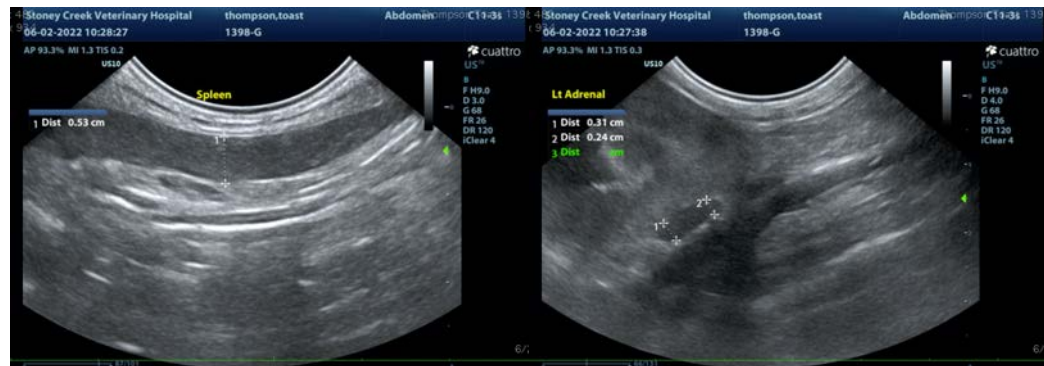
DSH

Additionally, the spleen is hypochoic as compared to the liver. A fine needle aspirate could be considered to look for round cell neoplasia.

Consider three view thoracic radiographs to rule out concurrent thoracic disease/involvement.

SEX

Neutered Male

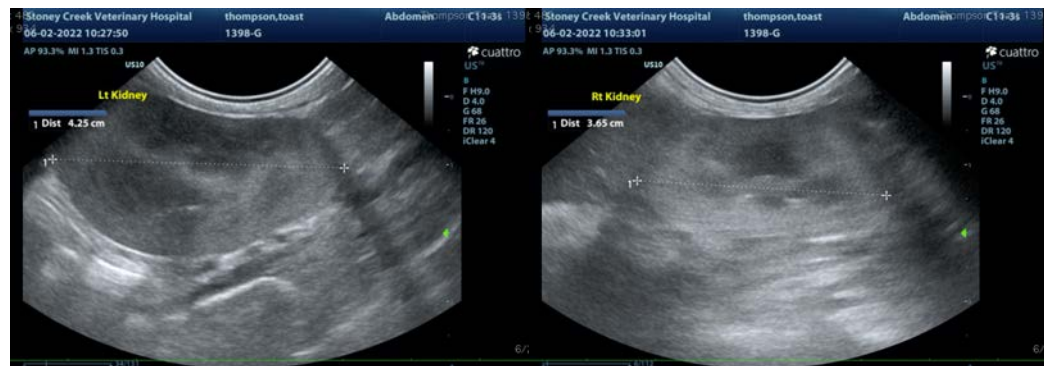


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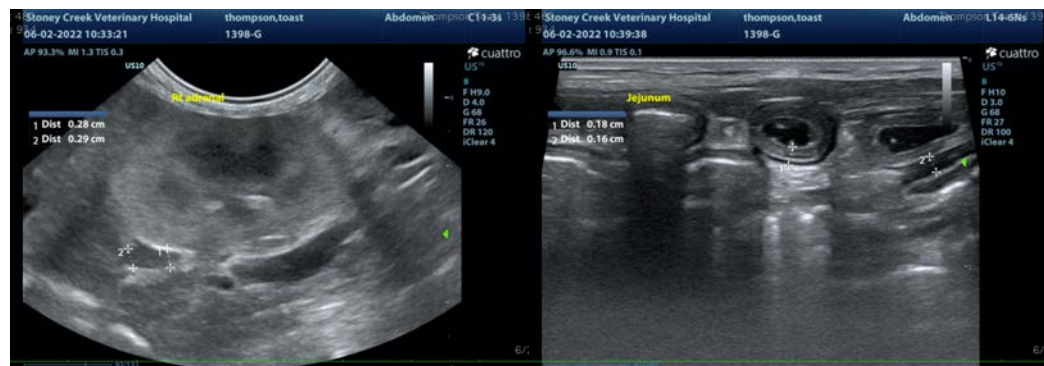


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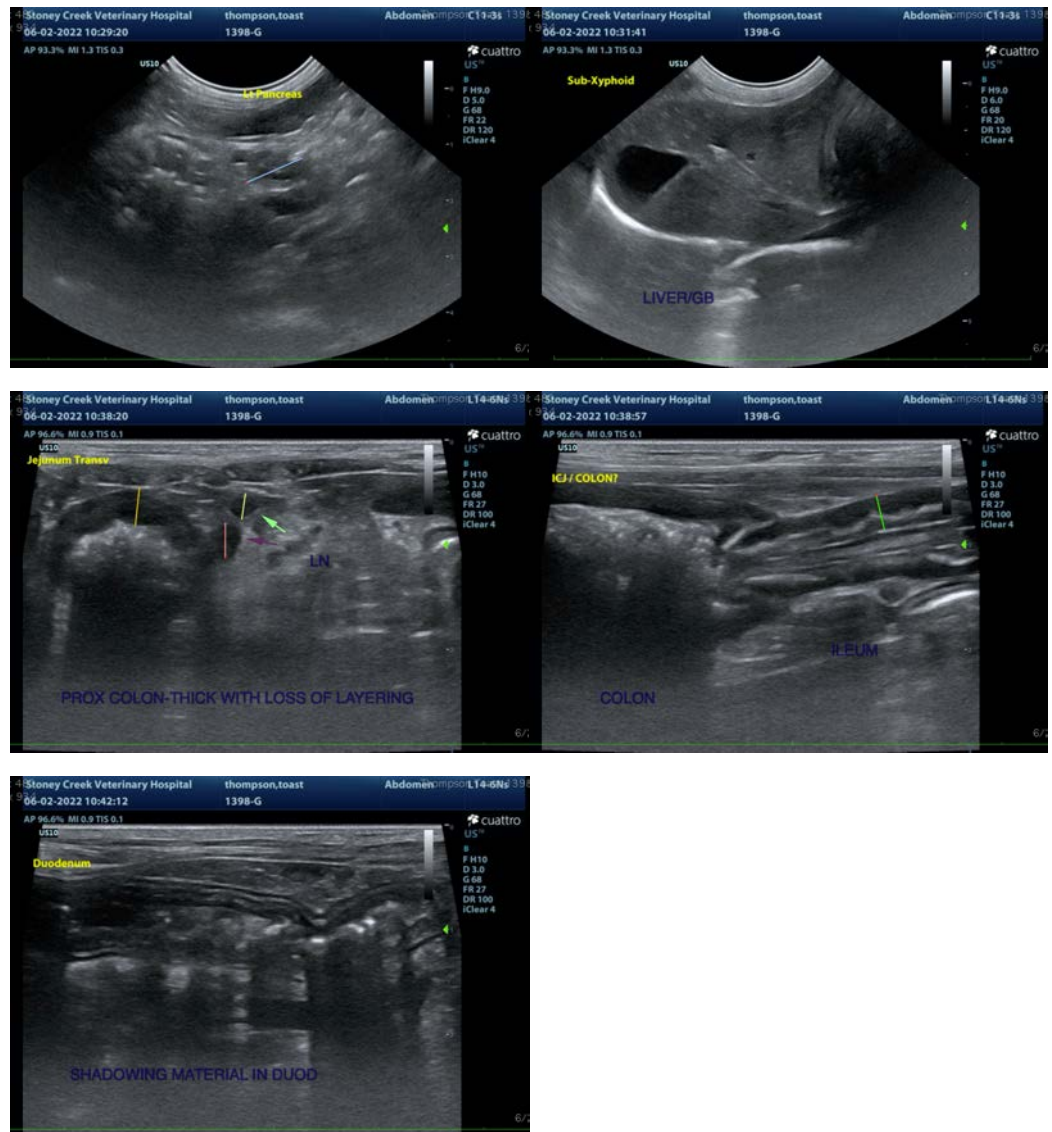
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

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